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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*none eab*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

AUSTRALIA 2003901696 04/09/2003 *eab*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/22/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY AUSTRALIA	SHEETS DRAWING 13	TOTAL CLAIMS 41	INDEPENDENT CLAIMS .14
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>SeB</i> Examiner's Signature <i>eab</i>	Initials			

## ADDRESS

23363

## TITLE

Implant magnet system

FILING FEE RECEIVED 2224	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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